

# REPORTS INVENTORY

CONTROL NO.

RAB - 4

\*REPAIR IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

Records Management Program Report

2. TYPE OF REPORT  
☒ STATISTICAL  
☒ NARRATIVE  
☐ MACHINE-NAME LISTING

3. FUNCTIONAL AREA  
PERSONNEL  
LOGISTICS  
MEDICAL  
TRAINING  
SECURITY  
FINANCE

ADMIN. GENERAL  
OTHER (specify)

4. NO. OF COPIES PREPARED

3

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Semi-Annual

6. DISTRIBUTION (No. of components not number of copies)

2

7. FORMAT (memorandum, form computer print-out, etc)

8. ADP PROCESSING

YES IF YES GIVE ADP PROCESSING NO.  
☒ NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level contributing information to report)

RAB

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

Reports from Staff personnel

## 12. COST FACTORS

### A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS 12-6	7.96		45		477.60				
7-10	5.06		8		40.48				
14-4	10.39		20		103.90				
					621.98		2		1243.96

### B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$1243.96

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Report on Program to Higher Echelons of Management

## 14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT				ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)			MAN-HOURS	DOLLARS
<input checked="" type="checkbox"/> CHANGE			Reduce Content 5%		
<input type="checkbox"/> DISCONTINUE					

16. DATE OF INVENTORY

10/9/70

17.

ING INFORMATION

18. EXTENSION